MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12978

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:

County Somerset

City or town Marumsco
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 67 yrs 9 mos. 27 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Murumsco Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME James H. Adams

3. (b) Social Security Number ✓

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Jennie Adams

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) February 13, 1883

8. AGE: Years 67 Months 9 Days 27 If less than one day ___ hrs. ___ min.

8. Birthplace Shelltown, Somerset, Md
(Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joseph B. Adams
13. Birthplace Md

MOTHER
14. Maiden name Margaret Matthews
15. Birthplace Md

16. Informant Jennie Adams
Address Murumsco, Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Dec. 13, 1940
(month) (day) (year)

Cemetery or crematory Rehobeth Baptist

Location Rehobeth, Md

18. Funeral director Margarette H. Watson

Address Pocomoke City, Md.

19. Dec 13 1940 Mrs Clayton Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/10 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/9 1940 to 12/10 1940, and that I last saw h ___ alive on 12/9 1940.

Immediate cause of death Sudden Collapse — DURATION 1 Hr

Due to Mitral stenosis — 3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. ~~or other~~

Address Pocomoke City Date signed 12/11-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6 1941
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(172)

CERTIFICATE OF DEATH

12979

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Frederick Bard

3.(b) Social Security Number 212-01-4709

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife: None
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 28 1896

8. AGE: Years	Months	Days	If less than one day
44	7	3	hrs. min.

9. Birthplace: Millville ? N J
(Town, county, and state)
10. Usual occupation: Machinist
11. Industry or business
FATHER 12. Name: Willis Bard
13. Birthplace: N J
MOTHER 14. Maiden name: Adele Cordery
15. Birthplace: N J
16. Informant: Mervin Bard
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 3 1941 (month) (day) (year)
Cemetery or crematory: Crisfield Cem
Location: Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. Jan. 2 1941 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1 1940, at N M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Accidental Drowned	
Due to: Body found floating	
Due to: Jan 3rd 1941 in Crisfield Md	
Other conditions: Heart - hemorrhoids Rigging Sore -	

(Include pregnancy within 3 months of death)

William H. Coulbourn, M.D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: 12-1-40
Accident, suicide or homicide: Drowned Date of
Where did injury occur? Crisfield Somerset Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Fell over Bridge Injured at work: Water

23. SIGNATURE: Wm H. Coulbourn MD
M. D. or other
Address: Crisfield Md Date signed: Jan 3/41

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 4 1941
BUREAU V.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

12980

CERTIFICATE OF DEATH

Reg. Dist. No. ~~760~~ 264

1. PLACE OF DEATH:

County: Somerset

City or town: Manokin Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Manokin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary E. Beauchamp

3. (b) Social Security Number

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Levin G. Beauchamp

Manokin Md. 6(c) If alive, give age: Dec'd years

7. Birth date of deceased (mo., day, yr.): Sept. 13th 1863

8. AGE: Years: 77 Months: 2 Days: 18 If less than one day: hrs. min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation: Home work

11. Industry or business

FATHER
12. Name: Levin Harris
13. Birthplace: Md.

MOTHER
14. Maiden name: Matilda Harris
15. Birthplace: Md.

16. Informant: W. W. Beauchamp (Son)

Address: Manokin Md.

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Dec 3rd 40
(month) (day) (year)

Cemetery or crematory: Manokin Md.

Location

18. Funeral director: Dale Dashield

Address: Pr Anne Md.

19. Dec 2nd 1940
(Date rec'd by registrar)

T. J. Smith
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 1st 1940, at M

I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death: Chronic Myocarditis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: T. J. Smith
M. D. or other

Address: Pr. Anne Md. Date signed: 12/2-40

RECEIVED
JAN 4 1941
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

12981

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: McCready Memorial Hospital
How long in hospital or institution? ?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Orum Jean Homes Bivins

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Col	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 23 1940

8. AGE: Years | Months: 1 | Days: 20 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Vincent Bivins
13. Birthplace: Wilson N C

MOTHER
14. Maiden name: Elizabeth Harris
15. Birthplace: Crisfield Md

16. Informant: Vincent Bivins
Address: Crsifield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 24 1940 (month) (day) (year)
Cemetery or crematory: Asbury cemetery
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Dec. 23 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23 19 40 at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 17 19 40 to Dec. 23 19 40 and that I last saw h im alive on Dec. 20 19 40

Immediate cause of death	DURATION
Pertussis	2 wks.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Sarah M. Payton M.D. M. D. or other
Address: Crisfield, Md. Date signed Dec. 27

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

12982

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County Somerset
City or town Crisfield Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 208 N Fourth St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 65 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 208 N. Fourth St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella Collins

3. (b) Social Security Number

4. Sex Female
5. Color or race colored
6. (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife John S Collins
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 12-1875
8. AGE: Years 65 Months 1 Days 18 If less than one day hrs. min.
9. Birthplace Somerset Co (Town, county, and state)
10. Usual occupation House work
11. Industry or business
FATHER 12. Name on known
13. Birthplace
MOTHER 14. Maiden name Percilla Handy
15. Birthplace Somerset Co
16. Informant Chas E Hearn
Address 16 S Fourth St Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 1 1941 (month) (day) (year)
Cemetery or crematory Lawsonia
Location Crisfield Md
18. Funeral director Chas H Ward
Address Marion Md.
19. Dec. 31, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 30 1940, at 4 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1940, to Dec. 20 1940, and that I last saw her alive on Dec. 27 1940.

Immediate cause of death	DURATION
Chronic myocarditis	2 yrs
Due to Arteriosclerosis	
Diabetes mellitus	20 yrs
Due to Nephritis & Hypertension	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Garrett M. Peyton M. D. or other
Address Crisfield Md Date signed Dec 31, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

12983

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-115

1. PLACE OF DEATH:

County: Somerset County

City or town: Princess Anne, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Beckford ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 35 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Somerset

City or town: Princess Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Beckford Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alonzo Francis Cottman

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hanette Cottman

6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): Nov. 1 - 1881

8. AGE: Years: 59 yrs. Months: 1 Days: 28 If less than one day: hrs. min.

9. Birthplace: Oakville, Somerset County, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: none

FATHER 12. Name: Sidney Cottman

13. Birthplace: Somerset County

MOTHER 14. Maiden name: Annie M. Stevenson

15. Birthplace: Somerset County

16. Informant: Hanette Cottman (Wife)

Address: Princess Anne Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/2/1941 (month) (day) (year)

Cemetery or crematory: Baptist Cemetery

Location: Princess Anne, Md.

18. Funeral director: James L. Dennis & Son

Address: Princess Anne, Md.

19. Dec 30 1940 (Date rec'd by registrar) J. J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29 1940, at 5:0 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on ____ 19__

	DURATION
Immediate cause of death: Had no Physician	
Due to: History obtained from family reports to be	
Due to: an acute heart attack	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Injured at work? M.D.

Means of injury

23. SIGNATURE: HENRY M. LANKFORD Deputy Medical Examiner for Somerset County

M. D. or other

Address: Princess Anne Md Date signed 12/29/40

RECEIVED
FEB 4 1941
BUREAU V.S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12984

Reg. Diat. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? at Home
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mabel R Dennis

3.(b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Nov. 11, 1878
8. AGE: Years: 62 Months: 1 Days: 16 If less than one day: hrs. min.
8. Birthplace: Crisfield Md (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Frank Rigging
13. Birthplace: Crisfield Md.
MOTHER 14. Maiden name: Arintha Sterling
15. Birthplace: Crisfield Md.
16. Informant: Franklin Dennis
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 29, 1940 (month) (day) (year)
Cemetery or crematory: Crisfield Cemetery
Location: Crisfield Md
18. Funeral director: J. D. Lawson
Address: Crisfield Md
19. Dec 27 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 27, 1940, at 12 15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 15 1940, to Dec 27 1940 and that I last saw her alive on Dec 27 1940

Immediate cause of death	DURATION
Cerebral Thrombosis	4 mo.
Due to: Arteriosclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Sarah M. Peyton M.D. M. D. or other
Address: Crisfield Md Date signed: Dec 27

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN 4 1941
BUREAU V.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12985

N. B.—WRITE IN MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (46E)

County Somerset Registration Dist. No. 260

Village or City Princess Anne, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residenca in city or town whera death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Ditow If U. S. Veteran, specify WAR

(a) Residence: No. Princess Anne Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Dorothy E. Ditow

6. DATE OF BIRTH (month, day, and year) Oct 14 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	14	

OCCUPATION

8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Canning factory

10. Date daceased last worked at this occupation (month and yeer) Aug 1940

11. Total tima (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) Westover (State or country) Maryland

FATHER

13. NAME Charles Ditow

14. BIRTHPLACE (city or town) Westover (State or country) Maryland

MOTHER

15. MAIDEN NAME Milchey Maddox

16. BIRTHPLACE (city or town) Westover (State or country) Maryland

17. INFORMANT Dorothy E. Ditow (Address) Princess Anne, Md

18. BURIAL, CREMATION, OR REMOVAL Place Mutorin Md Date 1/2, 1941

19. UNDERTAKER Wm James & Son (Address) Princess Anne Md

20. FILED 12/31, 1940 T. J. Lynch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 28, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from April 23rd 1940, to Dec 28, 1940

I last saw him alive on Dec 24th, 1940; death is said to hava occurred on the date statad above, at 10:45 A.M.

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:

	Date of onset
Intestinal Carcinomas	Mch. 1940
Interstital Nephritis	Ap 1940

Other Contributary Causes of Importance:

Name of operation — Date of —

What test confirmad diagnosis? — Was there an autopsy? No

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicida? Oate of Injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edna E. Landsman M. D.

(Address) Princess Anne, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JAN 4 1941
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

12986

1. PLACE OF DEATH (59P)

County Somerset Registration Dist. No. 260

Village or City Princess Anne, MD. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Catherine Evans If U. S. Veteran, specify WAR

(a) Residence: No. Princess Anne, Md St., Ward.

(Usual place of abode) SS# 200 03 4722 If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)
Fem	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oea Evans

6. DATE OF BIRTH (month, day, and year) July 1 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	29	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bookkeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Laundry

10. Date deceased last worked at this occupation (month and year) March 10 1928

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME West Foolds

14. BIRTHPLACE (city or town) Princess Anne, (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie B. Doorman

16. BIRTHPLACE (city or town) Princess Anne (State or country) Maryland

17. INFORMANT Carrie B. Jones (Address) Princess Anne, MD

18. BURIAL, CREMATION, OR REMOVAL Place Princess Anne 12/31, 19[illegible]

19. UNDERTAKER William [illegible] (Address) Princess Anne, MD

20. FILED 12/30, 1940 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 1938, to Dec 27, 1940 I last saw her alive on Dec. 24, 1940; death is said to have occurred on the date stated above, at 8:23 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Rheumatic Fever	1938
Other Contributory Causes of importance:	
Anaemia	1938

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eldon G. Naudsman M. D.

(Address) Princess Anne, MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible] [illegible]ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 4 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12987

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dumont
City or town Near Cumpmels Rural.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
mccurdy memorial Hosp
Stay in hospital or inst. (yrs., or mos., or days) 1 mo
Stay in this community (yrs., or mos., or days) all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dumont
City or town Cumpmels Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Lot Green

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Single

6 (b) Name of husband or wife none
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 - 40

8. AGE: Years: ans Mon | Months: | Days: | If less than one day: hrs. min.

9. Birthplace Mccurdy Memorial Hosp (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name John Thomas Green
13. Birthplace Cumpmels Md

MOTHER
14. Maiden name Estella Lamb Green
15. Birthplace Md.

16. Informant Estella Green
Address Cumpmels Md

17. (Burial, cremation, or removal. Which?) Date thereof Dec 27 1940 (month) (day) (year)

Cemetery or crematory
Location Cumpmels Methodist

18. Funeral director Mccurdy Memorial Hosp
Address Near Cumpmels Md

19. 12/30 1940 Aurelia B. Lawson
(Date rec'd by registrar) Registrar Deputy
C. E. Collins, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 26 1940, at 6:04 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19.

Immediate cause of death — DURATION
Acute 1 3 & 4 months Gangrene
Due to Lobar Pneumonia 2 months
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George E. Coulbourn M.D.
M. D. or other
Address Piscataway Md Date signed Dec 30 40

RECEIVED
JAN 4 1941
BUREAU V. S.

RECEIVED JAN 3 1941 U.S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12988

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:

County: Somerset

City or town: Oriole Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 73

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Oriole Maryland Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: E. James Hall

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella Hall

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 7th, 1867

8. AGE: Years: 73 Months: 5 Days: 14 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland Oriole (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: "

FATHER

12. Name: George Hall

13. Birthplace: Maryland

MOTHER

14. Maiden name: Bettie Lawrence

15. Birthplace: Maryland

16. Informant: Mrs. E. J. Hall

Address: Oriole

17. (Burial, ~~cremation, or removal. Which?~~) Date thereof: Dec 23d 1940 (month) (day) (year)

Cemetery or crematory: Oriole Md. Oriole

Location: Oriole Maryland

18. Funeral director: L. G. Webster

Address: Deals Island

19. Dec 23d 1940 (Date rec'd by registrar) Wm. S. Bennett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 21st 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 29 1935, to Dec. 21st 1940, and that I last saw him alive on Dec. 21st 1940.

Immediate cause of death: Chronic Myocardial Failure — DURATION: 5 yrs.

Due to: Chr. Nephritis — 5 yrs.

Due to: Hypertension — 5 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Thos. B. Whaley M. D. or other

Address: Princess Anne Date signed: 10/21/40

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-a

CERTIFICATE OF DEATH

12989

Reg. Dist. No. 264

1. PLACE OF DEATH:

County Somerset

City or town Rhodes Point, Smith's Island, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Home # 37

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Rhodes Point, Smith's Island, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Home no 37
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Griffin Healey Hoffman

3. (b) Social Security Number —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband~~ or wife Eliza Ann Evans Hoffman 6(c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) July 7, 1859

8. AGE: Years	Months	Days	If less than one day
81	5	16	____ hrs. ____ min.

9. Birthplace Rhodes Point, Somerset Co, Md.
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Waterfront.

FATHER 12. Name John Hoffman

13. Birthplace Harborton, Accomac Co. Va.

MOTHER 14. Maiden name Jane Marshall

15. Birthplace Tylerton, Somerset Co. Md.

16. Informant Mrs. Eliza Ann Evans Hoffman

Address Rhodes Point.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 25 1940 (month) (day) (year)

Cemetery or crematory Rhodes Point

Location Somerset Md.

18. Funeral director Jno A Bradshaw.

Address Crisfield Md

19. Dec 25 1940 (Date rec'd by registrar) Carrie Kitching Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1940, at 12:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15, 1940, to Dec. 23, 1940 and that I last saw him alive on Dec. 23, 1940

Immediate cause of death Hypostatic Pneumonia with Cardiac Failure after a Fracture of the (right) neck of the Femur

DURATION 5 days

Due to —

Other conditions Senile Dementia, Chronic Degenerative Myocarditis

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 12/15/40

Where did injury occur? home Rhodes Point — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Stumbled over ledge Injured at work? —

23. SIGNATURE Herman Rabbitt M.D.
M. D. or other

Address Ewell, Smith Island Date signed 12/23/40

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12990

1. PLACE OF DEATH (106-a)

County Somerset Count Registration Dist. No. 260

Village or City Route 2 Box 308 No. Princess Anne Md. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U.S. if of foreign birth? Citizen ds.

2. FULL NAME Joseph Lankford

(a) Residence: No. Rt. 2 Bx 208 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married.

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Missouri Miles Lankford

6. DATE OF BIRTH (month, day, and year) October 1878

7. AGE: Years 72 years; Months —; Days —; If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) November 1940

11. Total time (years) spent in this occupation 17 yr.

12. BIRTHPLACE (city or town) (State or country) Union Face Somerset County

FATHER

13. NAME Marsh Lankford

14. BIRTHPLACE (city or town) (State or country) Somerset Co.

MOTHER

15. MAIDEN NAME Ellen Ballard.

16. BIRTHPLACE (city or town) (State or country) Somerset Co.

17. INFORMANT (Address) Mrs. Pauline Whittington Wilmington, Del.

18. BURIAL, CREMATION, OR REMOVAL

Place Princess Anne Date 12/31, 1940

19. UNDERTAKER (Address) Jas. I. Dennis Co. Princess Anne Md.

20. FILED 12/31, 1940 T. J. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 28 (Day) 1940 (Year)

22. I HEREBY CERTIFY, ~~That I attended deceased from ____ 19__ to ____ 19__~~

~~I last saw h____ alive on ____ 19__; death is said~~

to have occurred on the date stated above, at 9 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	1 week
Had no physician	

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Henry M. Lankford M. D.

(Address) Princess Anne Md

HENRY M. LANKFORD M. D. Deputy Medical Examiner Mt. Somerset County

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED JAN 1941 BUREAU V S

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

12991

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Mt Vernon Md RFD #2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Som.

City or town Mt. Vernon Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Mason Jr.

3. (b) Social Security Number

4. Sex male

5. Color or race white

6. (a) Single, married, widowed, or divorced Single

B (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1940

8. AGE: Years | Months 6 | Days 8 | If less than one day hrs. min.

9. Birthplace Mt Vernon Somerset Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER

12. Name John Mason

13. Birthplace Mt Vernon Md

MOTHER

14. Maiden name Erma Murray

15. Birthplace Mt Vernon Md.

16. Informant John Mason

Address Mt Vernon Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 17, 1940 (month) (day) (year)

Cemetery or crematory Mt Vernon Asbury Cem.

Location Mt Vernon Md

18. Funeral director Dale Daskiell

Address Princess Anne Md.

19. 12/17th 1940 (Date rec'd by registrar) J. Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death

Due to Bronchopneumonia (First-saw patient 2 hrs before death)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Dmf

Rum

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Smith M. D. or other

Address Princess Anne Md Date signed 12/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

OUTSIDE CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170C)

12992

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? ?

Hospital, institution, or street address where death occurred:

How long in hospital or institution? one day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME John Warren Mears

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
18			hrs. min.

9. Birthplace: Wachapreague Va
(Town, county, and state)

10. Usual occupation: waterman

11. Industry or business

FATHER
12. Name: John H Mears
13. Birthplace: Watchapreague

MOTHER
14. Maiden name: Anna May Bloxom
15. Birthplace: Watchapreague

16. Informant: Anna May Mears
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22 1940 (month) (day) (year)

Cemetery or crematory: Wa tchapreague Cem

Location: Watchaprea gue Va

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Dec 20 1940 (Date rec'd by registrar) C E Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 20-40 19 at 3 05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19

and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage

Due to: Fractured Skull

Due to: Shock

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results: no

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ accident Date of Dec 20-40

Where did injury occur? Marion Som Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury: Auto Mobile Accident Injured at work

23. SIGNATURE: Wm H. Coulbourn MD M. D. or other

Address: Crisfield Md Date signed: Dec 20/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12993

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Somerset.

City or town Marion Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Somerset

City or town Marion Sta. Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Adelia Milburne

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Col	

6 (b) Name of husband or wife Marcellus Milburn

6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 41 | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Sidney Douglass

13. Birthplace Md.

MOTHER 14. Maiden name Clara McCready

15. Birthplace Md

16. Informant Marcellus Milburn

Address Marion Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1940 (month) (day) (year)

Cemetery or crematory Marionsco

Location Marionsco Md

18. Funeral director George W. Tilghman

Address Marion Md

19. 12/26/40 (Date rec'd by registrar) Aurelia P. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 19 1940, to Dec 24 1940, and that I last saw h alive on Dec 23 1940.

	DURATION
Immediate cause of death: Acute Dil of Heart	
Coronary occlusion	
Due to myocarditis Acute	2 wks
Due to Influenza	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Milburn M. D. or other

Address Marion Md Date signed Dec 25th 1940

RECEIVED
JAN 3 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

OUTSIDE CORPORATE LIMITS OF

12994

Reg. Dist. No. 270

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Somerset Co

City or town: Crisfield - Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: McCready Mem. Hospital

How long in hospital or institution? 2½ hours.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Virginia County:

City or town: Machapreague

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME

Preston Parker

3.(b) Social Security Number

237 05 3554

Dont know

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White -	single.

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct 6 - 1913

8. AGE:

Years	Months	Days	If less than one day
27	2	14	hrs. min.

9. Birthplace: Machapreague - Va. (Town, county, and state)

10. Usual occupation: Traveling Salesman

11. Industry or business: Phillip Morris Co.

FATHER 12. Name: Brooks Parker

13. Birthplace: Machapreague - Va.

MOTHER 14. Maiden name: Bessie Bell

15. Birthplace: Machapreague -

16. Informant: Mrs. Clyde Richardson

Address: Machapreague. Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22 1940 (month) (day) (year)

Cemetery or crematory: Machapreague

Location: Machapreague

18. Funeral director: John A Bradshaw

Address: Crisfield Md

19. Dec 20 1940 (Date rec'd by registrar) L. E. Keating Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 20 1940, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..., 19..., to ..., 19...

and that I last saw h... alive on ..., 19...

Immediate cause of death	DURATION
Fractured Left-Humerus - Crushed Chest Fractured Ribs - Punctured Lung	
Due to: Internal Hemorrhage	
Due to: Shock	
Other conditions	

(Include pregnancy within three months of death)

William H. Coulbourn, M. D.

DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY, MD.

Major findings of operations: ... Date of op. ...

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: Dec 20-40

Where did injury occur? Marion Station Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): = Marion = State Road

Means of injury: Auto hit Pole Injured at work?

23. SIGNATURE: Wm H Coulbourn M.D. M. D. or other

Address: Crisfield. Md. Date signed: Dec 20/40

RECEIVED
JAN 4 1941
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-L)

CERTIFICATE OF DEATH

12995

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: George Scott

3.(b) Social Security Number: 708 12 4826 none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): About 1882

8. AGE: Years	Months	Days	If less than one day
About 58			..... hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)

10. Usual occupation: Watchman

11. Industry or business

FATHER — 12. Name: John Scott

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Unknown

MOTHER — 15. Birthplace: "

16. Informant: Lum Mister

Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 23 1940 (month) (day) (year)

Cemetery or crematory: Hopewell Cem

Location: Hopewell MD

16. Funeral director: John A Bradshaw

Address: Crisfield Md

18. Dec 22, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 20 1940 at (P) M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
a Acute Myocarditis	
Due to Coronary Occlusion	
Due to Alcoholism Chronic	
Other conditions	

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work? .....

23. SIGNATURE: Wm H Coulbourn M. D. or other

Address: Crisfield Md Date signed: Dec 23/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131-a

12996

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 87 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Isaac Columbus Sterling

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): Oct 30 1853

8. AGE:

Years	Months	Days	If less than one day
87	1	11	... hrs. ... min.

9. Birthplace: Crisfield, Somerset, Maryland
(Town, county, and state)

10. Usual occupation: Dry Goods Merchant

11. Industry or business: Retail

FATHER
12. Name: Isaac Sterling
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Rebecca Nelson
15. Birthplace: Crisfield Md

16. Informant: Miss Gertrude Somers
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 15 1940 (month) (day) (year)

Cemetery or crematory: Crisfield cemetery

Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield

19. Dec. 14, 1940 (Date rec'd by registrar) C. E. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13 1940, at 1:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1940, to Dec 13 1940 and that I last saw him alive on Dec 12 1940

Immediate cause of death: Prostatitis, Cystitis - Chronic Interst Nephritis, Arterio Sclerosis Chronic Myocarditis

Due to: Mitral Regurg - acute Cardiac

Due to:

Other conditions: Distolation -

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ✓

Date of op.: ✓

Autopsy results: ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)

Injured at home, farm, industry, public place (where?): ✓

Means of injury: ✓ Injured at work? ✓

23. SIGNATURE: Wm H Coulbourn M.D. M. D. or other

Address: Crisfield - Md - Date signed: Dec 14, 40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

12998

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset

City or town Venton, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Somerset

City or town Venton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Joseph Waters

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary Waters

Venton Md

6(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 79 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Oriole (Town, county, and state)

10. Usual occupation Farmy

11. Industry or business

FATHER

12. Name Jesse Waters

13. Birthplace Oriole

MOTHER

14. Maiden name Mary

15. Birthplace Not known

16. Informant Harmon Waters

Address Venton Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof 12/22-40 (month) (day) (year)

Cemetery or crematory

Location Venton Maryland

18. Funeral director William James & Son

Address Princess Anne Md

19. 12/21 1940 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1940, at 4a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 14 1940, to December 1 1940, and that I last saw him alive on December 1 1940.

Immediate cause of death Hypertensive Cardio vascular disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William J Resnick, M D M. D. or other

Address Deal Island, Md Date signed Dec 20, 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

12999

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County: Somerset Co

City or town: Marion Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 67 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Marion Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Hester M Whittington

3. (b) Social Security Number

4. Sex: Female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Elis Whittington

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct 27-1882

8. AGE: Years: 68 Months: 1 Days: 27 If less than one day ____ hrs. ____ min.

9. Birthplace: Somerset Co Marion Md
(Town, county, and state)

10. Usual occupation: house work

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace

MOTHER
14. Maiden name: Marrie Berry
15. Birthplace: Somerset Co Md

16. Informant: John Williams
Address: Marion Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec 26-1940 (month) (day) (year)

Cemetery or crematory: Branch

Location: Marion Md

18. Funeral director: Chas H Ward
Address: Marion Md

19. 12/26 1940 (Date rec'd by registrar) Purdie B. Lawson, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23 1940, at 4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 1940, to Dec 23 1940, and that I last saw h en alive on Dec 20 1940.

Immediate cause of death: Acute Dis of Heart

Due to: Influenza

Due to: Renal arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: George C Coulbourn MD
M. D. or other

Address: Marion Md Date signed: Dec 23 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12997

(97)

1. PLACE OF DEATH

County Somerset Registration Dist. No. 260

Village or City Princess Anne No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Jane Warwick If U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. COLOR OR RACE white

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (~~write~~ the word) single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) aug 2 - 1860

7. AGE Years 80 Months 4 Days 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

FATHER

13. NAME Jos W. Warwick

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md

MOTHER

15. MAIDEN NAME Mary White

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Jos Warwick (Address) P. Anne Md

18. BURIAL, CREMATION, OR REMOVAL

Place P. Anne Date Dec 17, 1940

19. UNDERTAKER P M Smith (Address) Princess Anne

20. FILED 12-16, 1940 J C Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 15 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dead on arrival, 19..., to ....., 19...

I last saw h..... alive on ....., 19.....; death is said to have occurred on the date stated above, at 5 80 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute myocardial Failure — Date of onset: Instant death.

Other Contributory Causes of Importance:

Senility

Generalized arterial sclerosis

Name of operation none Date of .....

What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Thos. B. Wheeler M. D.

(Address) Princess Anne Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN